(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL092161 06/23/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **750 SE CARY PARKWAY WALTONWOOD CARY PARKWAY** CARY, NC 27511 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Survey by Billy S. Bryant conducted on 06/22/2016. Records indicate this facility was first licensed on 07/13/2010. The facility is currently licensed for 85 Beds with a 33 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2009 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation of the laundry equipment the facility was not maintained free from hazards. Finding on 06/23/2016: a. Resident Laundry - The dryer exhaust duct is constructed of flexible foil type material not listed for use as clothes dryer exhaust. b. S.C.U Laundry - Verify the product being used for the dryer exhaust transition duct is in accordance with its UL listing.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL092161	B. WING		06/2	3/2016
NAME OF PROVIDER OR SUPPLIER WALTONWOOD CARY PARKWAY STREET ADDRESS, CITY, STATE, ZIP CODE 750 SE CARY PARKWAY CARY, NC 27511						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition. (k) This Rule shall facilities with the ex which shall not app. This Rule is not mean to the shall not app. This Rule	d all fire safety, electrical, ambing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) by to existing facilities. et as evidenced by: ation and operation of the em the facility is not ety equipment in safe by not being in compliance equirements for special one of the existing facilities.	C 189			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED	
		HAL092161	B. WING		06/2	3/2016	
	PROVIDER OR SUPPLIER	750 SF CA	DRESS, CITY, STATE, ZIP CODE ARY PARKWAY				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
C 189	3. Based on observe maintain the facility manner. Penetration rated ceilings could facility by allowing for beyond the area of Finding on 06/2/20 a. S.C.U. Room C1 an open ended pipe penetrating the ceil 4. Based on observe maintain the facility occupants in the facility occupants in the facility occupants on 06/22/20 a. Checks and inspections.	ration there is a failure to 's fire safety systems in a safe ns or holes in fire resistant effect the occupants of the ire and smoke to spread origin. 16: 71, Furnace Room - There is e sleeve for data cabling ing. ration there is a failure to 's fire safety equipment. The cility could be effected if fire id not function.	C 189				
C 199	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhal two cubic feet per r requirement does r before April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in inces: rage; toilet rooms;	C 199				

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED		
		HAL092161	B. WING		06/2	23/2016		
	NAME OF PROVIDER OR SUPPLIER WALTONWOOD CARY PARKWAY STREET ADDRESS, CITY, STATE, ZIP CODE 750 SE CARY PARKWAY CARY, NC 27511							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
C 199	which shall not app This Rule is not me 1. Based on observe xhaust system that exhaust ventilation Finding on 06/23/20	ly to existing facilities. et as evidenced by: ration in the areas requiring an it facility does not have as required. 116: Living - The central exhaust	C 199					

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